

## MANDATORY PERMISSION FORM

(VALID UNTIL PARTICIPANT COMPLETES 8TH GRADE)

|  | Name  |  |            |       |  |
|--|---|--|------------|-------|--|
|  | Address   | Town   |            | _ Zip |  |
|  | Telephone   | Grade School Atto  | ending     |       |  |
|  | Parents' Names  |  |            |       |  |
|  | Cell phone number(s)  |  |            |       |  |
|  | If parent cannot be reached:  |  |            |       |  |
|  | Emergency Contact:  |  | _Telephone |       |  |
|  | Important medical problems  | Important medical problems or allergies:   |            |       |  |
|  | MY CHILD AND I HAVE READ THE RULES AND REGULATIONS OF THE WELLESLEY TEEN CENTER AND AGREE TO ABIDE BY THEM, INCLUDING OBSERVING THE WELLESLEY MIDDLE SCHOOL DRESS CODE. |  |            |       |  |
|  | son/daughter has significant swimming   | We the undersigned, understand that although there will be certified lifeguards employed at the swimming pools used at Teen Center, my son/daughter has significant swimming ability to participate in a group free swim if he/she should choose. In addition, I give permission for Wellesley Recreation/Teen Center to use photographs that include my child in materials to promote the Teen Center (e.g., Internet, flyers). |            |       |  |
|  | Teen Signature  | Parent Signature   | Date       |       |  |
|  |   | WELLESLEY TEEN CENTER VOLUNTEER AND DONATION FORM  |            |       |  |
|  | Name:   |  |            |       |  |
|  | Address:  | Tel  | ephone:    |       |  |
|  | at the door or by serving   | I/We are available to volunteer time to support the Wellesley Teen Center by checking participants in at the door or by serving refreshments on an agreed scheduled date. A member of our staff will contact you to set up a convenient date.  |            |       |  |
|  | I/We would like to work contact you.  | I/We would like to work at the Teen Center Annual Phone-a-thon held in March. A Board member will contact you.   |            |       |  |
|  | I/We would like to make   | I/We would like to make a monetary donation to the Wellesley Teen Center.  |            |       |  |
|  | \$  | Cash Check   |            |       |  |
|  | Please remit to: Wellesley Teen   | Please remit to: Wellesley Teen Center-90 Washington St. Wellesley, MA 02481   |            |       |  |
|  | I/We would like to parti  | I/We would like to participate on the Teen Center Board of Advisors. Please contact me/us.   |            |       |  |